

CITY OF ATLANTA TEMPORARY POWER PERMIT APPLICATION

	Per	mit Issuance: (40	04)865-8550 Atlant 194)865-8550 In		30303 104)658-6800	Fax Number: (404			
	By	COMMERCIAL (up to 90 days) RESIDENTIAL (up to 30 days)							
	Issued By	(* REQUIRED FIELDS) PERMIT WILL NOT BE PROCESSED UNLESS THESE FIELDS ARE COMPLETE.							
-		JOB ADDRESS	*Street Address				Suite /Unit		
	Date Issued		Address (if applicable)						
	ate Is	APPLICANT							
	D	INFORMATION Please check box if	*Contractor / Homeowner's Nar						
	er	Contractors Address, Phone Number, Fax	*Street Address				Suite Number		
	lumb	Number, and/or	*City			*State	*Zip Code		
	Permit Number	Email Address has changed so our	*Phone	Fax		Email			
	Peri	records can be updated.	*State License Number		*Exp. Date	*City / County Busines	ss License Number		
Date:Gentlemen: Please issue a Temporary Power Approval on the Job Address listed above for a period of *days only. We, the undersigned, hereby assume all liability and responsibility for any use of electricity in the building or dwelling during this temporary period. It is understood that an extension of this temporary approval must be applied for if the work is not completed at the expiration time; otherwise you understand that we will direct the Utility Company to disconnect the service. It is further understood that no occupancy is to be allowed during use of this temporary approval and that any occupancy will result in a disconnection of the electrical service. We relieve the City of Atlanta and its Inspectors of any liability for damage or losses due to ordering electricity disconnected from the wiring system. Yours truly, *Mailing Address									
ELECTRICAL CONTRACTORS STATEMENT									
			or which approval is b	peing applie	d for above w	ill be installed in accord	ance with all		
applicable codes and will be ready for temporary power on *Date:									
*Elect	trica	l Contractor (Compa	any Name)		*Licensed	l Electrical Contractor (Signa	ture)		
\$100 MINIMUM PERMIT FEE									